

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2006**

(Fill in year.)

158  
**Executive Lobbyist Registration No.**

**FOR OFFICE USE ONLY**  
Postmark Date: 02/15/06

Reg. 2006  
J# 7509  
\$10.00 yr

**3060123**

1. Print in ink or type:  
Complete form and return with \$110 registration fee to the Board of Ethics,  
2415 Quail Dr., P.O. Box 1A, Baton Rouge, LA 70808. (225) 763-8777 or  
(800) 842-6638.  
Initial registrations must be submitted within 5 days of (1) employment as a  
lobbyist or (2) first action requiring registration. Registrations expire as of  
December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME NAUCK M. DON  
Last M. First M. MI

2. BUSINESS PHONE 225-772-3784  
Area Code and Phone Number

3. FAX NUMBER 225-753-2613

4. BUSINESS ADDRESS 6720 WATER OAK CT. BATON ROUGE, LA. 70817  
Street and No. 6720 City BATON ROUGE State LA Zip 70817

MAILING ADDRESS 6720 WATER OAK CT. BATON ROUGE, LA. 70817  
Street and No. 6720 City BATON ROUGE State LA Zip 70817

5. EMPLOYER Roche Laboratories Inc.

6. EMPLOYER'S ADDRESS 340 Kingsland St., Nutley, NJ 07110  
Street and No. 340 Kingsland St. City Nutley State NJ Zip 07110

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent. (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

Roche Laboratories Inc.

1. Name Roche Laboratories Inc.

Address 340 Kingsland St., Nutley, NJ 07110

Business or purpose Pharmaceutical Sales

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. \_\_\_\_\_

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

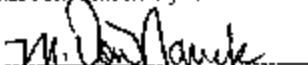
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist

